

Foster Family Home - Corrective Action Report

Provider ID: 2-100058

Home Name: Mercedes Arquitola, CNA

Review ID: 2-100058-6

17-606 S. Ipu'aiwaha Place

Reviewer: Lori O'Keefe

Kea'au HI 96749

Begin Date: 10/21/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 - Unannounced annual inspection visit made on 10/21/19. The home was issued a corrective action report with a written plan of correction due to CTA by 11/21/19.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1 - CG#3 state name check expired 1/5/19. No current clearance on file.

8.a.2 - HHM #1 had a lapse of the APS/CAN check. Due by 3/2/18, done 10/10/18.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.b.7 - CG#4 has expired TB clearance. Last on file dated 7/26/17.

41.b.8 - CG#5 obtained an online CPR recertification. This is not acceptable. Last CPR expired 7/8/19. No current on file.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.c.5 - Client #3 has 3 medications that the label/instruction do not match the order or the MAR.

Med #1 order/MAR reads [REDACTED] this medication does not come in [REDACTED] so on hand is a [REDACTED] and a [REDACTED]

Med #2 order/MAR reads [REDACTED], label/instructions read [REDACTED]

Med #3 order/MAR reads give BID for [REDACTED] the label reads give BID [REDACTED]

Lori O'Keefe
Compliance Manager

Mercedes Arquitola CNA
Primary Care Giver

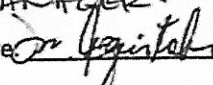
10/21/19
Date

10/21/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: MERCEDES ARQUITOLA
CCFFH Address: 17-606 S. Ipuaiwaha Pl Keeaau, HI 96749

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1	Obtained current clearance for CG #3 no criminal findings filed in home binder copy to CTA	10-22-19	Input on Electronic device for 2 months in advance notification. For renew
8.A.2	Laps cant be corrected for #####	10-22-19	Input on Electronic device for 2 months in advance notification. For Renew.
41.b.7	Obtained a current TB clearance for CG #4 Filed in home binder copy to CTA.	10-22-19	Double check documents and insert most recent on file. the Input on electronic device for 2 months in advance notification for renew.
41.b.8	Obtained CPR/FA recertification for CG #5 Filed in home binder. Copy to CTA	10-29-19	make sure all documents are acceptable. Put in Electronic device for 2 months in advance notification of renew.
54.C.9	MAK CORRECTION MADE BY CTA, RW CASE MANAGER.		WILL REVIEW MEDICATION LST/MAR 2 RN MONTHLY.

Primary Caregiver's Signature: 

Print Name: MERCEDES B. ARQUITOLA

Date of Signature: 11/18/19